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PAGE 02

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7390

05/17/2004

Elizabeth Chien-Hale  
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Elizabeth Chien-Hale	(Depositor's name)
<i>[Signature]</i>	(Signature)
Aug 16, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/631,292	07/31/2003	Cheng Tung Cheng	CTCU001	2634

TITLE OF INVENTION: NON-LINEAR ERGONOMIC KEYBOARD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	08/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
EVANISKO, LESLIE J	2854	400-489000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Elizabeth CHIEN-HALE  
2. \_\_\_\_\_  
3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☐ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 5

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01 FC:2501

665.00 OP

02 FC:1504

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15.00 OP



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# Fax

<b>To:</b> U. S. Patent and Trademark Office	<b>From:</b> Elizabeth Chien-Hale
<b>Fax:</b> (703)746-4000	<b>Pages:</b> 3 excluding cover
<b>Phone:</b> (800)786-9199	<b>Date:</b> Aug. 16, 2004
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